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PTO/SB/01 (3-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No. SON-2874	
<input checked="" type="checkbox"/> Declaration submitted with or initial filing		First Named Inventor Koichi Yoshikawa	
<input type="checkbox"/> Declaration submitted after initial filing		COMPLETE IF KNOWN	
		Application No. 	
		Filing Date 	
		Group Art Unit 	
		Examiner Name 	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____ as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached
P2002-353994	JAPAN	12-05-2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S Parent Application Number	PCT Parent Number PCT/JP03/15421	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input checked="" type="checkbox"/> Customer Number 23353 Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label Here </div> </div>							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to		<input checked="" type="checkbox"/> Customer Number 23353	or <input type="checkbox"/> Correspondence Address below				
Attorney		Ronald P. Kananen, Esq.					
Firm Name		Rader, Fishman & Grauer PLLC					
Address		1233 20 th Street, N.W., Suite 501					
City, State, Zip		Washington, D.C. 20036					
Country	US	Telephone	202-955-3750	Fax	202-955-3751		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Koichi		Yoshikawa					
Inventor's Signature	<i>Koichi Yoshikawa</i>				Dated <i>April 18, 2005</i>		
Residence: City	Kanagawa	State		Country	JAPAN	Citizenship	Japanese
Post Office Address		c/o Sony Corporation, 7-35, Kitashinagawa, 6-Chome					
City	Shinagawa-ku	State	Tokyo	Zip		Country	JAPAN
Name of Second Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Dated		
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Third Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Dated		
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	